

\*\* JOB STATUS REPORT \*

AS OF JUN 07 2 13:56 PAGE. 01

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JOB #277

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**To: USPTO****Facsimile: (703) 305-7230****From: Karen B. Dow****Date: June 7, 2002**

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**Comments: PRELIMINARY AMENDMENT**  
Application Number 09/788,280  
Please deliver to Examiner U. Winkler  
Group Art Unit 1648

**MORRISON & FOERSTER LLP**

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**To: Examiner Ulrike Winkler Ph.D.**  
USPTO

**Facsimile: (703) 746-3162**  
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**From: Karen B. Dow**

**Date: September 16, 2002**

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**Comments:**

PTO/SB/21 (08-00)

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**TRANSMITTAL  
FORM**

(to be used for all correspondence after initial filing)

Total Number Of Pages In This Submission

12

Application Number

08/788,280

Filing Date

February 15, 2001

First Named Inventor

David S. BURT, et al.

Group Art Unit

1648

Examiner Name

U. Winkler

Attorney Docket No.

405352000800

**ENCLOSURES (check all that apply)**☒ Fee Transmittal Form☐ Fee Attached☐ Amendment / Reply☐ After Final☐ Affidavits/declarations☐ Extension of Time Request☐ Express Abandonment Request☐ Information Disclosure Statement☐ Certified Copy of Priority Document(s)☐ Response to Missing Parts/  
Incomplete Application☐ Response to Missing Parts  
under 37 CFR 1.52 or 1.53☐ Assignment Papers  
(for an Application)☐ Drawing(s)☐ Licensing-related Papers☐ Petition☐ Petition to Convert to a  
Provisional Application☐ Power of Attorney, Revocation  
Change of Correspondence Address☐ Terminal Disclaimer☐ Request for Refund☐ CD, Number of CD(s) \_\_\_\_\_☐ After Allowance Communication to  
Group☐ Appeal Communication to Board of  
Appeals and Interferences☐ Appeal Communication to Group  
(Appeal Notice, Brief, Reply Brief)☐ Proprietary Information☐ Status Letter☒ Other Enclosure(s) (please identify  
below):

Preliminary Amendment

Patent Application Fee Determination  
Record

Remarks

**SIGNATURE OF APPLICANT, ATTORNEY OR AGENT**

Firm

or

Individual Name

Karen B. Dow, Reg. No. 29,684  
Morrison & Foerster LLP  
3811 Valley Centre Drive, Suite 500  
San Diego, California 92130-2332

Signature

*Karen Babyak Dow*

Date

June 7, 2002

**CERTIFICATE OF FACSIMILE TRANSMISSION**I hereby certify that this correspondence is being facsimile transmitted to the United States Patent and Trademark Office (703) 305-7230, on  
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Nora DurantBurden Hours Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you  
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sd-95820

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# **Duplicate Copy For Fee Processing**

PTO/SB/17 (09-00)  
U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE  
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## **FEE TRANSMITTAL FOR FY 2002**

Patent fees are subject to annual revision.

TOTAL AMOUNT OF PAYMENT

(\$833.00)

### **Complete if Known**

Application Number 09/788,250  
Filing Date February 15, 2001  
First Named Inventor David S. BURT, et al.  
Examiner Name U. Winkler  
Group Art Unit 1648  
Attorney Docket No. 405352000600

### **METHOD OF PAYMENT**

1. ☒ The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:

Deposit  
Account  
Number

03-1952

Deposit  
Account  
Name

Morrison & Foerster LLP

- ☒ Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17  
☐ Applicant claims small entity status. See 37 CFR 1.27

2. ☐ Payment Enclosed:

☐ Check ☐ Credit Card ☐ Money Order ☐ Other

### **FEE CALCULATION**

#### **1. BASIC FILING FEE**

Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description	Fee Paid
101	740	201	370	Utility filing fee	
106	330	206	165	Design filing fee	
107	510	207	255	Plant filing fee	
108	740	208	370	Reissue filing fee	
114	160	214	80	Provisional filing fee	

SUBTOTAL (1) (\$0)

#### **2. EXTRA CLAIM FEES**

Total Claims	Extra Claims	Fee from below	Fee Paid
58	- 41 =	47	x 9 = \$423
Independent Claims	12	- 7 =	5 x 42 = \$210
Multiple Dependent			= \$

Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description
103	16	203	9	Claims in excess of 20
102	84	202	42	Independent claims in excess of 3
104	280	204	140	Multiple dependent claims, if not paid
109	84	209	42	**Reissue independent claims over original patent
110	18	210	9	**Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) (\$833)

\* or number previously paid, if greater; For reissues, see above.

### **FEE CALCULATION (continued)**

#### **3. ADDITIONAL FEES**

Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description	Fee Paid
105	130	205	65	Surcharge - late filing fee or oath	
127	50	227	25	Surcharge - late provisional filing fee or cover sheet	
139	130	139	130	Non-English specification	
147	2,520	147	2,520	For filing a request for ex parte reexamination	
112	920*	112	920*	Requesting publication of SIR prior to Examiner action	
113	1,840*	113	1,840*	Requesting publication of SIR after Examiner action	
115	110	215	55	Extension for reply within first month	
116	400	216	200	Extension for reply within second month	
117	920	217	460	Extension for reply within third month	
118	1,440	218	720	Extension for reply within fourth month	
128	1,960	228	980	Extension for reply within fifth month	
119	320	219	160	Notice of Appeal	
120	320	220	160	Filing a brief in support of an appeal	
121	280	221	140	Request for oral hearing	
138	1,510	138	1,510	Petition to institute a public use proceeding	
140	110	240	55	Petition to revive - unavoidable	
141	1,280	241	640	Petition to revive - unintentional	
142	1,280	242	640	Utility issue fee (or reissue)	
143	460	243	230	Design issue fee	
144	620	244	310	Plant issue fee	
122	130	122	130	Petitions of the Commissioner	
123	50	123	50	Petitions related to provisional applications	
126	180	126	180	Submission of Information Disclosure Stmt	
581	40	581	40	Recording each patent assignment per properties (times number of properties)	
146	740	246	370	Filing a submission after final rejection (37 CFR § 1.129(a))	
148	740	248	370	For each additional invention to be examined (37 CFR § 1.129(b))	
179	740	279	370	Request for Continued Examination (RCE)	
169	900	169	900	Request for expedited examination of a design application	

Other fee (specify)

\*Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$0)

Complete (if applicable)

### **SUBMITTED BY**

Name (Print/Type)

Karen B. Dow

Registration No.  
(Attorney/Agent)

29,684

Telephone

(858) 720-7960

Signature

*Karen Babayak Dow*

Date

June 7, 2002

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PTO/SB/06 (08/00)

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## PATENT APPLICATION FEE DETERMINATION RECORD

Application or Docket Number  
405352000600

## CLAIMS AS FILED - PART I

(Column 1)

(Column 2)

SMALL ENTITY

OR

OTHER THAN  
SMALL ENTITY

FOR	NUMBER FILED	NUMBER EXTRA	RATE	FEE		RATE	FEE
BASIC FEE (37 CFR 1.16(a))				\$355.00	OR		\$710.00
TOTAL CLAIMS (37 CFR 1.16(c))	41 minus 20 =	21	x\$9.00	\$189	OR	\$18.00	\$*
INDEPENDENT CLAIMS (37 CFR 1.16(b))	7 minus 3 =	4	x\$40.00	\$160	OR	\$84.00	\$*
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))			+\$135.00	\$135	OR	\$280.00	\$*
			TOTAL	\$839	OR	TOTAL	\$*

\*If the different in column 1 is less than zero, enter "0" in column 2

## CLAIMS AS AMENDED - PART II

(Column 1)

(Column 2)

(Column 3)

SMALL ENTITY

OR

OTHER THAN  
SMALL ENTITY

PRELIM. AMENDMENT		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total (37 CFR 1.16(c))	88	Minus	41	-47	x\$9.00	\$423	OR	\$18.00	\$*
	Independent (37 CFR 1.16(b))	12	Minus	7	-5	x\$42.00	\$210	OR	\$84.00	\$*
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					+\$140.00	\$	OR	\$280.00	\$*
						TOTAL ADDIT. FEE				

(Column 1)

(Column 2)

(Column 3)

AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA						
	Total (37 CFR 1.16(c))		Minus		=*	x\$9.00	\$*	OR	\$18.00	\$*	
	Independent (37 CFR 1.16(b))		Minus		=*	x\$42.00	\$*	OR	\$84.00	\$*	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					+\$140.00	\$*	OR	\$280.00	\$*	
						TOTAL ADDIT. FEE	\$*	OR	TOTAL ADDIT. FEE	\$*	

(Column 1)

(Column 2)

(Column 3)

AMENDMENT C

	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total (37 CFR 1.16(c))		Minus		=*
Independent (37 CFR 1.16(b))		Minus		=*
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))				

RATE	ADDI- TIONAL FEE
x\$9.00	\$*
x\$42.00	\$*
+\$140.00	\$*
TOTAL ADDIT. FEE	\$*

RATE	ADDI- TIONAL FEE
\$18.00	\$*
\$84.00	\$*
\$280.00	\$*
TOTAL ADDIT. FEE	\$*

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20"

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3"

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

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